

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2	1		1		1	
3		1		1		1
4		1		1		1
5		① 4		1 3		3 1
6		4		3		3 3
7		4		3		3 3
8		4		3		3 3
9		① 4		2 3		1 3
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TOTAL IND.	2	↓	3	↓	3	↓
TOTAL DEP.	24	↓	14	↓	14	↓
TOTAL CLAIMS	26		17		17	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS